



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. MARY MEDICAL CENTER HOBART

City of Hospital: Hobart

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: COMMUNITY FOUNDATION OF NWI INC.

Email Address: ckolasinski@comhs.org

Medicare Provider Number: 15-0034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |              |
|-------------------------------------|--------------|
| Inpatient Patient Service Revenue   | \$397865714  |
| Outpatient Patient Service Revenue  | \$769367184  |
| Total Gross Patient Service Revenue | \$1167232898 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$825269276 |
| Other Deductions      | \$14383800  |
| Total Deductions      | \$839653076 |

3. Total Operating Revenue

|                             |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$327579822 |
| Other Operating Revenue     | \$9351715   |
| Total Operating Revenue     | \$336931537 |

4. Operating Expenses

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                               |             |                   |             |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages            | \$76001850  | Employee Benefits | \$19491876  |
| Depreciation and Amortization | \$13868644  | Interest Expense  | \$8605      |
| Bad Debt                      | \$0         | Other Expenses    | \$174552565 |
| Total Operating Expenses      | \$283923540 |                   |             |

#### 5. Net Revenue and Expenses

|                                   |            |                   |             |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses      | \$53007997 | Total Assets      | \$179696902 |
| Net Non-operating Gains over Loss | \$132794   | Total Liabilities | \$65383422  |
| Total Net Gains                   | \$53140791 |                   |             |

#### Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$644102689           | \$512956973           | \$131145716                   |
| Medicaid         | \$149224361           | \$111396528           | \$37827833                    |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$373905848           | \$200915775           | \$172990073                   |
| Total            | \$1167232898          | \$825269276           | \$341963622                   |

#### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$177975                    | \$-177975               |

Statement Four: Research Statement

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0                        | \$0                         | \$0                     |

Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$536427                    | \$-536427               |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$416529                    | \$-416529               |

|   |         |
|---|---------|
| Number of Medical Professionals Trained                 | 5484    |
| Number of Hospital Patients Educated                    | 9,772   |
| Number of Citizens Exposed to Health Education Messages | 276,569 |

Statement Six: Charity Statement

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$5492682 |
|--------------------------|-----------|

|                     | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------|-----------------------|------------------------|--------------------------------|
| Charity Care        | \$82555               | \$998787               |                                |
| HCI Payments        | \$0                   |                        |                                |
| Subtotal            | \$82555               | \$998787               | \$-916232                      |
| Medicaid Shortfalls | \$18035883            | \$32373149             |                                |
| Subtotal            | \$18118438            | \$33371936             | \$-15253498                    |
| DSH Payments        | \$0                   |                        |                                |

|                           |          |             |             |             |
|---------------------------|----------|-------------|-------------|-------------|
|                           | Subtotal | \$18118438  | \$33371936  | \$-15253498 |
| Medicare Shortfalls       |          | \$126091537 | \$146887676 |             |
| Other Government Programs |          | \$1059574   | \$1469732   |             |
|                           | Total    | \$145269549 | \$181729344 | \$-36459795 |

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| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$3898547                  | \$4276571                   | \$-378024               |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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